

# BYRAM PARKS & RECREATION REGISTRATION FORM

Please use ONE registration form per person. Copy as needed. Phone numbers and e-mail addresses are required. Include check for payment and mail to: Byram Parks & Recreation Department, 10 Mansfield Drive, Stanhope, N.J., 07874.

Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_ M/F: \_\_\_\_\_ Grade: (child) \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Please provide the course number, program title, meeting dates, and fee:

COURSE NUMBER:	PROGRAM TITLE:	MEETING DATES:	FEE:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I NEED A REASONABLE MODIFICATION, BECAUSE OF A DISABILITY TO ENJOY THIS PROGRAM. CIRCLE ONE: Y OR N

**ACKNOWLEDGEMENT & HOLD HARMLESS RELEASE FORM:** I hereby grant permission for myself and/or my child to participate in all Byram Township Recreation activities and assume all risks and hazards incidental to such participation. I waive and release all rights and claims for damages against Byram Township, its employees, officers, staff, sponsors and other participants for any and all injuries that may be suffered by the herein named minor or myself while participating in the program. I realize that my child's academic responsibilities are a priority and will schedule his/her time appropriately. I understand that all fees paid are not refundable without a doctor's note. I recognize that Byram Township Parks & Recreation programs are governed by a set of rules and regulations, and I agree to conduct myself in accordance therewith and to exercise my influence where appropriate on those for whom I am responsible in order to encourage proper conduct and decorum. I also give permission for the Byram Parks and recreation Department to make non-commercial use of any activity photographs or video of my child/myself.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

# BYRAM PARKS & RECREATION MEDICAL FORM

This form must be completed by a parent or guardian for any person under age 18 who is registering for an activity of any kind with Byram Parks & Recreation.

Participant's Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_ Today's Date: \_\_\_ / \_\_\_ / \_\_\_

**TO BYRAM TOWNSHIP AND THE INSTRUCTOR/COACH IN CHARGE:**

In the event, in your opinion, that my child/myself requires emergency treatment, you have my permission, and I hereby designate you as my agent, to call EMS or the following doctor after you have tried to reach my emergency contact by telephone and have been unsuccessful.

Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby release you from any claim arising out of the doctor's or EMS's actions, and I assume and agree to pay the doctor's charges for services rendered at the doctor's or EMS's discretion.

Parent/Guardian/Participant Signature: \_\_\_\_\_

Parent/Guardian/Participant Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please list below the names of relatives, neighbors or friends who may be contacted in case of an emergency:

Name: _____	Name: _____
Address: _____	Address: _____
Town: _____ Zip Code: _____	Town: _____ Zip Code: _____
Phone: _____ - _____ - _____	Phone: _____ - _____ - _____

Participant's Medical Information: Allergies to food and/or medications: \_\_\_\_\_

Are there any health conditions of which we should be aware? Explain: \_\_\_\_\_